April 22, 2022

Douglas L Parker
Assistant Secretary of Labor for OSHA

Subject: ***Occupational Exposure to COVID-19 in Healthcare Settings***
Federal Register Document Number: 2022-06080
OSHA Docket Number: OSHA-2020-0004
RIN: 1218-AD36

Comments Submitted electronically

Dear Secretary Parker:

I respectfully submit comments in support of the Occupational Safety and Health Administration's (OSHA) efforts to develop a permanent rule to protect workers in healthcare settings from airborne infectious diseases. I am Clinical Professor at the University of California, San Francisco in the Division of Occupational and Environmental Medicine. I established the UCSF Occupational Health Services where I have diagnosed and treated thousands of work and environmental injuries and illnesses. I have designed and implemented numerous medical monitoring programs for workplace exposures, and have consulted widely with employers, health care professionals, and labor organizations on the prevention of COVID-19 infection. I have led many work and environmental investigations of disease outbreaks and served as a technical and scientific consultant to Federal OSHA and CDC/NIOSH. I have served as the first physician member of the California Safety and Health Standards Board. I am the co-editor of the most recent edition of the textbook *Occupational and Environmental Medicine* (McGraw-Hill Education, New York, NY, 2021).

Since the COVID-19 pandemic began, I have been collaborating with occupational, infectious disease and primary care colleagues at UC San Francisco (UCSF) in designing and implementing the COVID-19 prevention, testing and vaccination program for over 30,000 staff and students. I do not speak on behalf of UCSF, but my comments are informed by my experience with identifying and classifying the work-relatedness of over 6,000 infections at UCSF since March of 2020 (see https://coronavirus.ucsf.edu/dashboard#testing).

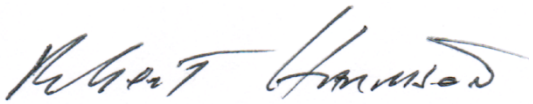
1. **COVID-19 causes infection primarily by the airborne route and can be highly transmissible in indoor spaces to workers**. I will not reprise the extensive medical and scientific evidence that has accumulated about this fact, as OSHA will hear from many qualified experts in this regard. Most important, over the course of the pandemic Federal agencies have regrettably lagged behind the

scientific evidence in arriving at these essential conclusions. In so doing, many health care employers have been confused by changing public health recommendations and failed to consistently understand the importance of protecting health care workers with the most protective PPE and ventilation mitigation measures. It is imperative that the proposed standard recognizes the extensive scientific literature about the route of COVID-19 transmission, and protects HCWs by minimizing the risk of exposure through employee vaccination, administrative controls (symptom screening and testing), adequate ventilation, and providing personal protective devices (masks and respirators).

2. **Relying on CDC guidance as a "safe harbor" will not be adequate to protect workers across a range of health care employers**. As a long time practitioner and teacher of hospital employee and occupational health, I can attest to the enormous variation in capacity and expertise to implement comprehensive programs at the institutional level. My experience with developing and implementing many critical standards that protect health care workers from blood borne pathogens, H1Ni, workplace violence and ergonomic injuries has shown time and again that a required "floor" or benchmark is essential in convincing managers to allocate budgets and people to protect workers. While I would like to say that in 2022 that all health care employers commit adequate time and attention to employee and occupational programs, my experience and research has shown that smaller employers often designate overworked managers with little training to oversee compliance with complex employee health requirements. The simple reality is that interpreting and adhering to CDC guidance on COVID-19 infection prevention will result in a rapid devolution to bare bones programs in many facilities. Simply put, the tide of an OSHA standard will "raise all boats" and bring worker protection for COVID-19 to at least a minimum level of clinical competence and service delivery.

3. **An OSHA standard is feasible and can be implemented**. Over the past several decades in California, I have heard the repeated refrain from many employers that OSHA standards in the health care workplace are bureaucratic, inflexible and unnecessary. To the contrary, the California regulatory experience in health care has proven that OSHA standards can be sensible, clear and drive better performance on the ground for worker protection. The overall goal of an OSHA standard is not the "gotcha" principle, as it will always be true that there will never be enough OSHA workplace inspections to visit the tens of thousands of health care employers. Rather, the California OSHA standards lay out a clear roadmap with enough specificity that employers can and largely follow follow requirements to protect workers from harm. The most recent experience with the California ATD and COVID ETS standards has shown that OSHA standards are feasible, are well understood by both employers and employees and protect workers from infection and exposure.

4. **The proposed standard will serve as a model for a broader standard to protect all workers against aerosol transmittable diseases**. I will not review the toll that COVID-19 has taken on health care workers, as you will hear from many frontline workers at these hearings who will confirm firsthand the challenges we have also encountered with COVID-19 in our medical center. But you will not hear today from workers in many other industries who have not been protected by a national OSHA standard and have been disproportionately impacted by the pandemic. Meat and poultry plants, warehouses, restaurants, and many other work settings are places where workers are indoors and face the risk of serious harm from a highly infectious airborne virus. The same principles of occupational health that apply to the health care workplace also apply to workers in this other industries: eliminate the source of the hazard (vaccinate and test), implement engineering controls (ventilation) and use personal protective equipment as a last resort. While the health care workplace may have a longer history of understanding infection control principles, it shares the same challenges as other industries in designing and implementing comprehensive worker protection plans, putting someone in charge, training workers, keeping track of infections, and reporting to the right agencies. In this regard, this health care standard should not be considered "exceptional" but rather as a solid beginning to the work that lies ahead for OSHA in designing a standard for all workers who encounter airborne infectious agents.



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